



Able Bionics USA
455 Gold Rivers Court
#512
Basalt, CO 81621
ablebionics@gmail.com

ABLE BIONICS USA VOLUNTEER APPLICATION

Please fill out the following completely and accurately.

Date:

VOLUNTEER

Name: _____

Age: _____ Date of Birth: ____/____/____

Address: _____

Home phone: _____

Cell phone: _____

Email address: _____

Gender: Male Female

Height: _____ Weight: _____ lbs.

Primary language spoken/understood: _____

Other languages spoken/understood: _____

Have you worked with people with disabilities? Yes No

If yes, please describe your experience:

Do you have any First Aid training? Yes No

If yes, please describe: _____

Volunteering for Able Bionics USA can be physically demanding and may require lifting equipment and assisting with lifting clients to help them transfer into the equipment.

Do you have any physical limitations? Yes No

If yes, please describe: _____

Can you lift more than 50 lbs? Yes No

Do you have cognitive challenges that we need to consider when assisting clients? Yes No

If yes, please describe: _____

EMERGENCY CONTACT INFORMATION

(if different from Parent/Guardian)

Name: _____

Relation: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Primary language spoken/understood: _____

Able Bionics USA Volunteers will be required to attend mandatory trainings to learn how to assist clients with equipment.



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Are you available weekdays to volunteer for Able Bionics USA? Yes No

If yes, please identify which days are most suitable for you? _____

Would you be willing to assist with: (Please check all that apply)

- Special Events
- Fundraising
- Administrative / Office Assistance (data base entry, scheduling etc.)

Please make us aware of any other skills that you have that could be helpful for our organization: _____

Volunteers are an essential part of Able Bionics USA. Our volunteers will learn how to safely assist, support and accommodate the needs of our clients who have mobility impairments, while working under the guidance of a trained physical therapist. Please sign that the information you have provided is current and accurate. We appreciate your support.

Volunteer's Signature: _____ Date: _____

Volunteer's Name (Please print): _____